

REQUEST TO INSPECT PUBLIC RECORDS

CDC 1432 (Rev 05/01)

I request to inspect, in accordance with Government Code (GC) Section 6253 and the Guidelines for the Inspection of Public Records, CDC Form 1431, established by the California Department of Corrections (CDC), the following named record(s) maintained at the below CDC location.

NAME OF RECORD(S), OR DESCRIPTION OF SUBJECT MATTER		
FACILITY OR OFFICE WHERE THE RECORD IS MAINTAINED		
Please mark the appropriate box.		
<input type="checkbox"/> I do not desire to have a copy of the above record reproduced for my use.		
<input type="checkbox"/> Reproduce a complete copy of the above named record for my use. I agree to pay twelve (12) cents plus postage for each page of copy required.		
<input type="checkbox"/> Reproduce only the following identified pages of the above named records for my use. I agree to pay twelve (12)cents plus postage for each page of copy required. (Below, identify the pages or documents to be reproduced.)		
PRINT APPLICANT'S NAME	APPLICANT'S SIGNATURE	DATE
APPLICANT'S ADDRESS		
FOR DEPARTMENT USE ONLY		
Mark the appropriate box(es) and complete the related section(s).		
<input type="checkbox"/> An appointment has been made for the applicant to inspect the requested record(s).		
TIME	DATE	LOCATION
SIGNATURE OF OFFICIAL AUTHORIZING INSPECTION		DATE
<input type="checkbox"/> The applicant has inspected the requested record(s).		
INSPECTION DATE	SIGNATURE OF OFFICIAL AUTHORIZING INSPECTION	DATE
<input type="checkbox"/> The applicant has requested copies of the above named record(s).		
NUMBER OF PAGES COPIED	TOTAL COST	PAYMENT METHOD
SIGNATURE OF OFFICIAL ACCEPTING PAYMENT		DATE
<input type="checkbox"/> The requested record(s) is not considered a public record and it will not be disclosed to the applicant. The applicant has been informed of this decision and the fact that this decision may be appealed.		
SIGNATURE OF OFFICIAL DENYING DISCLOSURE		DATE
<input type="checkbox"/> The extent of the inspection requested or the reproduction services required, exceeds the service that can be provided at this location. The applicant's request has been referred to the appropriate Division/Office, for further consideration.		
SIGNATURE OF OFFICIAL MAKING THE REFERRAL		DATE
<input type="checkbox"/> Pursuant to GC Section 6253(c), an extension is needed to collect and review the requested record(s).		
REASON	ANTICIPATED DATE OF DETERMINATION (Not to exceed 14 days)	
SIGNATURE OF OFFICIAL AUTHORIZING EXTENSION		DATE